2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\(\frac{1}{2}\)

Apr 16, 2007 08:00 AM Secretary of State **DOCUMENT # P00000084488** DEIRDRE, INC. Principal Place of Business Mailing Address 3350 S WASHINGTON AVE. 3350 S WASHINGTON AVE. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 04092007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3669175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FINLEY, DEIRDRE DO NOT WRITE 2925 LA CITA LN TITUSVILLE, FL 32780 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Bo 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FINLEY, DEIRDRE NAME 2925 LA CITA LN STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE NAME STREET ADDRESS U00000706831; CITY-ST-ZIP 04/24/07-80051-007-150.00 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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